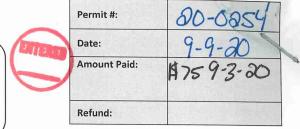
SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County Planning and Zoning Depart. PO Box 58 Washburn, WI 54891 (715) 373-6138

### APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received)

DECEVE



INSTRUCTIONS: No permits will be issued until all fees are paid.

Checks are made payable to: Bayfield County Zoning Department

Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPL

ICANT.	Original	Application	MUST I	be submitted

FILL OUT IN INK (NO PENCIL

ares interested in the						Biriai	Application ivit	oo i oc occon	neccu	LILL	OUT IN INK	1.40	LITCILI
TYPE OF PERMIT	REQUEST	TED→	×		ANITARY   PRI	IVY	□ CONDITIO		SPECIA	L USE	☐ B.O.A.	C	OTHER
Owner's Name:	T	nily	Para	4	Mailing Address:		4 01	City/State/Z		-	1217-6		lephone:
Address of Proper	ty:	nily	Proper	11 20 4	City/State/Zip;	nou	TN NOC	: ladis	on, W	1 5	53705		18-217-21
	ollino	Ro	1		Fron	Riv	er. W	I 54	847			Ce	Il Phone: 79+
Contractor:	1,0	1			Contractor Phone:		Plumber:		- , .			Plu	umber Phone:
Authorized Agent	TO SC	CL L			128-5123		A mana Danii	line Adding	/:I C'!	/c /:	7: \	<u> </u>	
A 4 a	. (Ferson sign	ming Appin	cation on bena	ii or Owner(s))	Agent Phone:		Agent Iviali	ling Address	(include City	y/State/.	h Rive	W Au	ritten Ithorization
Mike	Furta	L		(715)	817-2034		61737	ivon Lak	e Kol,	510	FILEN	7 At	tached
PROJECT			.7		Tax ID#		enia.						Yes
LOCATION	Legal	Descrip	tion: (Use 1	ax Statement)		18	892			8	748		384
-11			Gov't Lot	Lot(s) C	SM Vol & Page	CSIV	l Doc# L	ot(s) #	Block #	Subdiv			
1/4, _	1	L/4	5+6					12		Mai	retict	nnes	Estate
Section 24	· Tow	nship _	47 N.F	Range 9 W	Town of	f: <u>//</u>				Lot Siz			Acreage
						///	ghes						5,27
					, Stream (incl. Intermit		Distance Stru	ucture is fro	m Shorelir	ne :	Is your Pro	-	Are Wetlands
K Shoreland -			5-0	of Floodplain?	If yescontinue	<b>→</b>				feet	in Floodp Zone		Present?
	≯ Is F	Property	/Land withi	n 1000 feet of Lake	e, Pond or Flowage If yescontinue		Distance Stru	octure is fro	m Shorelir		□ Ye	s	☐ Yes ➤ No
□ Nam Chamalan					ii yescontinue			<i>Q</i> U0		feet	×No	)	/ INO
☐ Non-Shorelan	•												
Value at Time							Total # of		W	hat Ty	ne of		Type of
of Completion * include		Projec		Project	Project		bedrooms				System(s		Water
donated time		TTOJEC		# of Stories	Foundation		on			-	perty <u>or</u>		on on
& material				3.0			property			STATE OF STREET	property?	Name of	property
	New	Constr	uction	X 1-Story	☐ Basement		□ 1		icipal/Cit				☐ City
21	☐ Addit	tion/Al	teration	☐ 1-Story + Loft	☐ Foundation	n 📗	□ 2	□ (Nev	v) Sanitar	<b>y</b> Spec	cify Type:		₩well
\$25,000		523				3		X Sani	tary (Evic	tel Sno	cify Type:		_
	☐ Conv	ersion		□ 2-Story					Conv				
			sting bldg)					☐ Priv	<b>/ (Pit)</b> or	□ Va	ulted (min	200 gal	lon)
	□ Run a		ess on		Use		X None		able (w/se		ontract)		
	Prope	erty			X Year Roun	d	-		post Toile	et			
						900		☐ Non	e				
Existing Structu	ire: (if add	ition, alt	eration or bu	siness is being appli			n ii	Width:			Heig	ht:	
Proposed Cons	truction:	(overa	II dimension	is)	Length:		24	Width:	24		Heig	ht:	14
Proposed l	Iso	1			Duamas ad Stu								Square
rioposeu (	Jse				Proposed Str		re			D	imensions		Footage
					structure on prop	erty)				(	Х	)	
			Residenc	e (i.e. cabin, hun	ting shack, etc.)					(	Х	)	
X Residentia	l Use			with Loft with a Porch						(	X	)	
	ŀ			with (2 <sup>nd</sup> ) Por	rch					1	X	)	
	ŀ			with a Deck	CIT					1	X	1	
				with (2 <sup>nd</sup> ) Dec	ck					i	X	1	
Commerci	ai Use			with Attached	d Garage					(	X	)	
			Bunkhou		or ☐ sleeping qua	arters.	or cooking 8	& food pren	facilities)	(	Х	)	
					ed date)					(	Х	)	
☐ Municipal	Use		Addition	/Alteration (expla	ain)					(	Х	)	
		X								12		)	576
			Accessor	y Building Additi	n) <u>garage</u> ion/Alteration (ex	xplain)				(	X	)	3 10
							X	V SYSTEM OF THE STATE OF THE ST		1	Х	1	
			Condition	nal Use: (explain)						1	X	)	
2			Other: (e							(	X	)	
4.32					CTARTING CONCERNS	TION	VITUOLIT A DED.	IT MULL BEAU	T IKI BERLAI	150		1.	
I (we) declare that th	is application (	(including a	ny accompanyi	ng information) has been	STARTING CONSTRUCT examined by me (us) and to	to the be	est of my (our) know	ledge and belief	it is true corre	ect and co	mplete. I (we) a	knowled	ge that I (we) am
result of Bayfield Con	unty relying or	n this infor	mation I (we) ar	n (are) providing in or wit	g and that it will be relied u th this application. I (we) co	ipon by E onsent t	sayfield County in de o county officials ch	etermining whet arged with adm	ther to issue a nistering coun	permit. I ( ty ordinan	we) further acce ces to have acce	pt liabilit ss to the	y which may be a above described
	nable time fo	r the nurne	se of inspection										

Owner(s):

(If there are Multiple Owners) it ted on the Deed of Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent:

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date 8-28-2020

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit 6/73 Tron Lake Rd, Tron River, WI 54847

If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE e box below: Draw or Sketch your Property (regardless of what you are applying for) Fill Out in Ink – NO PENCIL Show Location of: **Proposed Construction** (2) Show / Indicate: North (N) on Plot Plan Show Location of (\*): (3) (\*) **Driveway** and (\*) **Frontage Road** (Name Frontage Road) (4) Show: All Existing Structures on your Property (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P) (5)Show: (6) Show any (\*): (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond (7) Show any (\*): (\*) Wetlands; or (\*) Slopes over 20% See attachment

Please complete (1) – (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Setback Measurements		Description	Setback Measurements		
Setback from the Centerline of Platted Road Setback from the Established Right-of-Way	285 Fee	-	Setback from the <b>Lake</b> (ordinary high-water mark)	6004 Fee		
Setback from the <b>North</b> Lot Line	180 Fee		Setback from the River, Stream, Creek Setback from the Bank or Bluff	NA Fee		
Setback from the <b>South</b> Lot Line Setback from the <b>West</b> Lot Line	245 Feet		Setback from Wetland	NA Fee		
Setback from the <b>East</b> Lot Line	35 Feet	-	20% Slope Area on the property  Elevation of Floodplain	¥Yes □ No • NA Fee		
Setback to Septic Tank or Holding Tank Setback to Drain Field	100 Feet	-	Setback to Well	6 Fee		
Setback to <b>Privy</b> (Portable, Composting)	AND Foot	li se au	The cabin to garage	• /		

sly surveyed corner or marked by a licensed surveyor at the owner's expense. ick must be my asured must be visible from one previously surveyed corner to the

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For the Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

Issuance Information (a	Coniton N I			
Issuance Information (County Use Only)	Sanitary Number:		# of bedrooms:	Sanitary Date:
Permit Denied (Date):				
Permit #: 20 0001	Dame 14 D 1			
00-0084	Permit Date: 9-9	-20		
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming  ☐ Yes (Deed of Record Yes) ☐ Yes (Fused/Contigue) ☐ Yes	d)	Mitigation Required Mitigation Attached		Affidavit Required ☐ Yes ※No Affidavit Attached ☐ Yes 》No
Granted by Variance (B.O.A.)  ☐ Yes No Case #:		Previously Granted b	Dy Variance (B.O.A.)	e#: 1)A
Was Parcel Legally Created Was Proposed Building Site Delineated  Yes □ No  Yes □ No	Slatus		es Represented by Owner Was Property Surveyed	Doyes No.
Inspection Record: Well Stated loca	tim. Appear	s to be	Code Complian	Pines
Date of Inspection: 9 / 8 / 2 / 2 / 2	0	110.		Lakes Classification ( 🔊 )
1012060	Inspected by:	UK SCIAL	harnen	Date of Re-Inspection:
Condition(s): Town, Committee or Board Conditions Attac	hed?    Yes    No - (If N	lo they need to be atta	ached )	
	Not to	be used	for Human	Habitton or
0110	7	Sheping	Purposes	
Signature of Inspector:				Date of Approval
Hold For Sanitary: Hold For TBA:	Hold For Affida	avit: 🔲	Hold For Fees:	

Village, State or Federal May Also Be Required

SANITARY –
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

# BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

Remington Family Properties LLP / Mike Furtak, Agent 20-0254 Issued To: No. Hughes Town of Range 9 W. Location: Section Township 1/4 of CSM# Majestic Pines Estates Subdivision Gov't Lot 5 & 6 11 & 12 Block Lot

For: Residential Accessory Structure: [ 1- Story; Garage #2 (24' x 24') = 576 sq. ft. ]

(Disclaimer): Any future expansions or development would require additional permitting.

#### Condition(s): Not to be used for human habitation or sleeping purposes.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed

or if any prohibitory conditions are violated.

#### **Rob Schierman**

Authorized Issuing Official

September 9, 2020

Date

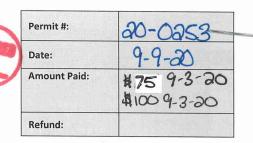
SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

**Bayfield County** Planning and Zoning Depart. PO Box 58

Washburn, WI 54891 (715) 373-6138

**APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN** 

SEP 03 2020



Privy (Pit) or Uaulted (min 200 gallon)

Portable (w/service contract)

**Compost Toilet** 

None

FILL OUT IN INK (NO PENCIL)

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department.

Relocate (existing bldg)

Run a Business on

Property

DO NOT START CONSTRUCTION <u>UNTIL ALL PERMITS HAVE BEEN ISSUED</u> TO APPLICANT. Original Application MUST be submitted

TYPE OF PERMIT	T REQUESTED→ X	LAND USE   SA	NITARY   PRIVY	□ CONDITION	AL USE   SPECIAL USE	□ B.O.A. □ C	THER		
Qwner's Name:			ailing Address:		City/State/Zip:		lephone:		
Remininate	on tamily trope		214 Dartin	1 1	Madison WI		58-217-26		
Address of Proper	ty:	1	City/State/Zip:		· · · · · ·	-	- 1		
	Kolling Kol		Fron Kiv		54847	Ce	Il Phone: Pat		
Contractor:	Holadan		ontractor Phone:	Plumber:		Plu	ımber Phone:		
1000000									
4.4.	_	ii oi owiiei(s))	gent Fnone.	6173	ng Address (include City/State	/Zip): Wi	thorization		
Mike to	: tak	(7B) R	17-2034		,	At At	tached		
Acceptance of the second	71 14 1	0.070	Tax ID#	Fron R			Yes   No		
PROJECT LOCATION  Legal Description: (Use Tax Statement)  18669 Fused to 18872  Recorded Document: (Showing Ownership)  427									
	Gov't Lot	Lot(s) CSM							
1/4, _	1/4	Lot(s) C3IV	VOI & Page	SIVI DOC# LO		ivision:	Ett		
7/	1/17		_	, ,		jestic Pine	5 Eslates		
Section d	, Township 4 N, F	Range W	Town of:	Hughes	Lot S	ze	Acreage 5.27		
			acceptance and accept	)			3 1 M 1.55		
	☐ Is Property/Land with Creek or Landward side	n 300 feet of River, S	Stream (incl. Intermittent  If yescontinue —		cture is from Shoreline:	Is your Property in Floodplain	Are Wetlands		
<b>≯</b> Shoreland -					feet	Zone?	Present?		
	XIs Property/Land withi		Pond or Flowage If yescontinue  —II		ture is from Shoreline :	□ Yes	XYes □ No		
		10	ii yescontinue —		56 feet	ХNо	- NO		
☐ Non-Shorelan	d								
Value at Time									
of Completion	an inghi san sa	Project	Project	Total # of bedrooms	What To		Type of		
* include	Project	# of Stories	Foundation	on	Sewer/Sanita Is on the pr		Water		
donated time & material		# Of Stories	Touridation	property	Will be on the		on property		
& material	<b> ▼</b> New Construction	✓ 1-Story	☐ Basement		☐ Municipal/City	i dine			
	•	☐ 1-Story +	Dasement		(New) Sanitary Spe	ocify Type:	☐ City		
	☐ Addition/Alteration	Loft	☐ Foundation	□ 2	(Necw) Summary Spe	cony Type.	<b>✓</b> Well		
IS 76 000		100 miles (100 miles (		100					
\$ 25,000	☐ Conversion	2-Story	🕱 Slab	□ 3	X Sanitary (Exists) Sp	ecify Type:			

Existing Structure: (if addition, alteration or business is being applied for)	Length:		Width:		Height:	
Proposed Construction: (overall dimensions)	Length:	24	Width:	24	Height:	14

X Year Round

None

Proposed Use	~	Proposed Structure	Dimensions	Square Footage		
		Principal Structure (first structure on property)	( X )			
		( X )				
Residential Use		with Loft	( X )			
a residential osc		with a Porch	( X )			
*		with (2 <sup>nd</sup> ) Porch	( X )			
	with a Deck					
☐ Commercial Use		with (2 <sup>nd</sup> ) Deck	( X )			
Commercial ose		with Attached Garage	( X )	÷ ÷		
		<b>Bunkhouse</b> w/ ( $\square$ sanitary, or $\square$ sleeping quarters, or $\square$ cooking & food prep facilities)	( X )	):		
		Mobile Home (manufactured date)	( X )	,		
☐ Municipal Use		Addition/Alteration (explain)	( X )			
_	X	Accessory Building (explain)	(24×24)	576		
		Accessory Building Addition Aditeration (explain)	( X )			
		Special Use: (explain)	( X )			
		Conditional Use: (explain)	( X )	.e. 277 e		
		Other: (explain)	( X )			

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s):(If there are Multiple Owners, listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)	Date
Authorized Agent: Mully Justals	Date 8-28-2020
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)	Attach
Address to send permit 6/73 Fron Lake Rd, Fron River, WI 54847	Copy of Tax Statement
If you recently pu	urchased the property send your Recorded Deed

#### APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

n the box below: Draw or Sketch your Property (regardless of what you are applying for)

Fill Out in Ink - NO PENCIL

(1) Show Location of: Proposed Construction
 (2) Show / Indicate: North (N) on Plot Plan

(3) Show Location of (\*): (\*) **Driveway** and (\*) **Frontage Road** (Name Frontage Road)

(4) Show: All Existing Structures on your Property

(5) Show: (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)

(6) Show any (\*): (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond

(7) Show any (\*): (\*) Wetlands; or (\*) Slopes over 20%

See attachment

Please complete (1) – (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Setback Measurem			Description	Setback Measureme	nts
	- 1				2 .	
Setback from the Centerline of Platted Road	225	Feet		Setback from the <b>Lake</b> (ordinary high-water mark)	156	Feet
Setback from the Established Right-of-Way	197	Feet		Setback from the River, Stream, Creek	NA	Feet
	.,			Setback from the Bank or Bluff	NA	Feet
Setback from the <b>North</b> Lot Line	197	Feet				
Setback from the South Lot Line Lake	NA	Feet		Setback from Wetland	150 t	Feet
Setback from the <b>West</b> Lot Line	37	Feet		20% Slope Area on the property	1.4	No
Setback from the <b>East</b> Lot Line	30	Feet		Elevation of Floodplain	NA	Feet
	<b>—</b>					
Setback to Septic Tank or Holding Tank	174	Feet		Setback to Well	301	Feet
Setback to <b>Drain Field</b>	100+	Feet				
Setback to <b>Privy</b> (Portable, Composting)	NA	Feet				
Prior to the placement or construction of a structure within ten (10) fee	at of the minimum requi	rad sathack t	the h	oundary line from which the cethack must be measured must be visible from on	a menulacialis acimientad an	

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

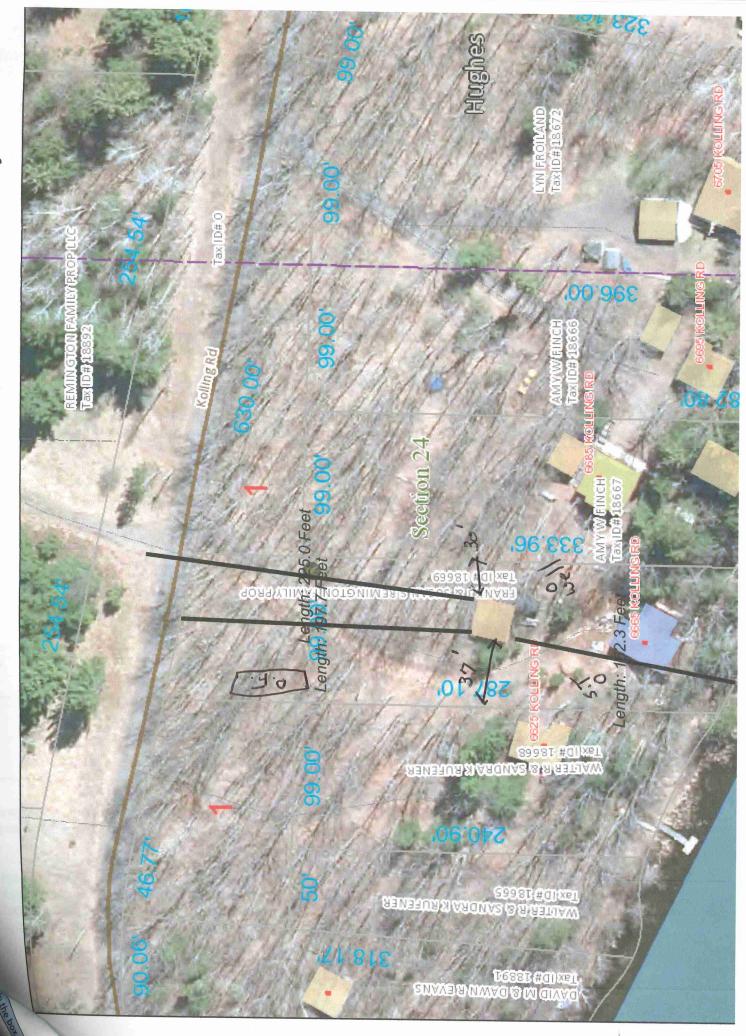
NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For the Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

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Issuance Information (County Use Only)		# of bedrooms:		Sanitary Date:		
Permit Denied (Date):	Reason for Denial:					
Permit #: 20 -6253	Permit Date: 9-9	-20				
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming  Ves (Deed of Recontinum Yes)  Fundamental Test (Deed of Recontinum Yes)  Yes (Deed of Recontinum Yes)	ous Lot(s))	Mitigation Required Mitigation Attached	Yes No	Affidavit Required Affidavit Attached	☐ Yes ►No☐ Yes →No	
Granted by Variance (B.O.A.)  ☐ Yes ☐ No Case #:		Previously Granted by Ses Ses	y Variance (B.O.A.)  Case	#: WA		
	Stauchure	Were Property Line	es Represented by Owner Was Property Surveyed	NYes Plat	of MAJESTINO	
College's to be Peples Date of Inspection: 9/8/2020	The State No	alls that h	lave Started	Zoning District Lakes Classification	(R-1)	
		Date of Re-Inspection:				
Condition(s): Town, Committee or Board Conditions Atta	ched?   Yes   No - (If	No they need to be atta しより しょい こん	or Skepla.	, Purpos	es.	
0	1					
Signature of Inspector:	06/10			Date of Appro	oval: 7/9/20:	
Hold For Sanitary:  Hold For TBA:	Hold For Affic	davit: 🗌	Hold For Fees:	_ 0		



### City, Village, State or Federal May Also Be Required

AND USE - X
SANITARY SIGN SPECIAL CONDITIONAL BOA -

## BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

Remington Family Properties LLP / Mike Furtak, Agent 20-0253 Issued To: No. Hughes Location: 24 Township Range 9 W. Town of Section of 5 & 6 11 & 12 Majestic Pines Estates Subdivision CSM# Gov't Lot Lot Block

For: Residential Accessory Structure: [1-Story; Garage (24' x 24') = 576 sq. ft.]

(Disclaimer): Any future expansions or development would require additional permitting.

#### Condition(s): Not to be used for human habitation or sleeping purposes.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed

or if any prohibitory conditions are violated.

#### **Rob Schierman**

Authorized Issuing Official

September 9, 2020

Date